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Ses hy

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: ANNA MARIA	ISLAND SAIL & POWE	ER SQUADRON	
DOCUMENT NUMB	ER: N0400001766	······································	`}	
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
		VIN DIETRICH		
	(Name of	Contact Person)		
	ANNA MARIA ISLAND	SAIL & POWER SQUADRO	ON	
	(Firm	n/ Company)	 -	
	0001/2	N/ DOV/41 DD		
	628 KEY ROYAL DR			
	(4	Address)		
	HOLMES BEA	ACH FL 34217-1239		
	(City/ Sta	te and Zip Code)	<u>.</u> _	
	h a val dan	al@vari=an nat		
		el@verizon.net ed for future annual report notific	ation)	
For further information	concerning this matter, pleas	•	,	
J. MELVIN DIETRICH		at (941) 778-169)1	
(Name o	f Contact Person)	(Area Code & Daytin	me Telephone Number)	
Enclosed is a check for	the following amount made p	payable to the Florida Departmen	t of State:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address	in energous,	
Amendment Section		Amendment Section Division of Corporation	one	
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	OWER SQUADRON, IN It filed with the Florida Dept. of S	
	00001766	
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, Flo		Profit Corporation adopts
A. If amending name, enter the new name of th	ne corporation:	
ANNA MARIA ISLAND SAI	IL & POWER SQUADRON, IN	NC.
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "	ain the word "corporation" or "i Co." may not be used in the name	ncorporated" or the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		TALLAHAS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	AMIO: 26
D. If amending the registered agent and/or reg new registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
<u>New Registered Office Address:</u>	(Florida street address)	, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		cept the obligations of the

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Type of Action Title Address <u>Name</u> _ 🔲 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	(s) adoption: MAY 7, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	12.22-2009 Sarah ann Blake
Signature	Sarah ann Blake
have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	SARAH ANN BLAKE
	(Typed or printed name of person signing)
	CHAIRMAN/DIRECTOR
	(Title of person signing)